INDEX TO SURGICAL PROGRESS.

ABDOMEN.

I. Contribution to the Surgery of the Stomach. By M. MONTAZ (Grenoble). The author reported thirty-five cases of surgery of the stomach. These are classified as follows: Six gastrectomies, six gastrostomies, ten gastro-enterostomies, two jejunostomies, and eleven exploratory abdominal sections.

Of the six gastrectomies three died and three were cured. The deaths were all due to operative collapse. Of the three who recovered from the operation two suffered from a recurrence within a short time, and one remains free from disease at the end of more than a year. M. Montaz performs gastrectomy in simple cases only,—that is to say, in cases where the tumor is small and is easily movable. In performing the operation the stomach is first exposed and rapidly isolated by tearing away with the fingers the greater omentum and the gastro-hepatic omentum. Two Richelot clamps, faced with rubber, are then applied to the walls of the stomach some distance from the tumor; the intervening tissue is quickly cut away with scissors, and the divided edges are sutured together after the method of Doyen (la suture en surjet).

In the six cases where, owing to the impossibility of a complete ablation, gastrostomy was done, there were six operative cures. The technique described by Terrier was exactly followed in all cases. Notwithstanding the narrowness of the orifice there always occurred an escape of gastric juice and a digestion of the stomach-wall. A great variety of substances were tried to avoid this digestion, but without avail; the stérésol of Berlioz seemed to be of most value.

The ten gastro-enterostomies gave seven cures and three deaths from the operation, all the latter occurring from collapse. The

anterior operation of Wölfler was used in each case. Three patients of the seven who recovered have had regurgitations of bile following the ingestion of food, but without any particular distress. Aside from the inconvenience resulting from this occurrence, the patients have all done well, and Montaz regards the duodeno-jejunostomy of Jaboulay as useless and dangerous.

The two jejunostomies were performed for the relief of patients suffering from very extensive cancer of the stomach, in whom alimentation had become impossible. The jejunum was identified, and an artificial opening was made in it precisely as if it had been the stomach. Through the opening thus made the patient was fed, and each lived for some months.

The exploratory sections were all done upon patients suffering from single or multiple cancers. All stood the operation well, and in some there was a marked amelioration of their symptoms for a time.

These good results which M. Montaz has obtained he attributes to careful antisepsis. The field of operation was prepared in the following way: Vigorous brushing with microcidine, then sublimate lavage, and finally a strong solution of carbolized glycerin, which was allowed to remain in place for ten minutes before the operation was begun. Microcidine has the advantage of not affecting the instruments.—*Transactions of the French Congress of Surgery*, 1894.

HENRY P. DE FOREST (Brooklyn).

II. Case of Diffuse Suppurative Peritonitis following a Perforating Appendicitis conducted to Recovery. By Dr. BERGER (Paris). The author has opened the abdominal cavity many times for the condition of diffuse septic peritonitis due to a perforation of the appendix, yet in only one case has a recovery been secured. This case he reported to the Society of Surgery of Paris, July 25, 1894. The fortunate termination he attributed to a systematic and complete washing out of the peritoneal cavity which he was able to make through three separate incisions, and by subsequent multiple drainage of the cavity. The patient was a young man,